FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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1201	VI DU CHILLIAN LA
13064	19

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response, 16.00

SEC USE ONLY

DATE RECEIVED

UNIFORM LIMITED OFFERING E	XEMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate changed Red Rock Fund, L.P. Limited Partnership Interests	ge.) RECEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Sect Type of Filing: X New Filing Amendment	oct 1 5 2004
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	179
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Red Rock Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip	Code) Telephone Number (Including Area Code)
300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401	336-379-7556
Address of Principal Business Operations (Number and Street, City, State, Zip (if different from Executive Offices)	Code) Telephone Number (Including Area Code)
Brief Description of Business	
Securities investment fund managed by general partner and designees.	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	other (please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: OB O4 X Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	Estimated OCT 2 1 2004
CN for Canada: FN for other foreign jurisdiction) FITE IMOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	X General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	X General and/or Managing Partner A Section 1. Managing Partner Managing Partner
Full Name (Last name first, if individual)	
Red Rock Partners, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401	· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
SmitH, Salley & Associates, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401	
Check Box(es) that Apply: 🛛 Promoter 🖺 Beneficial Owner 🖫 Executive Officer 🗒 Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Col, Douglas L.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
8275 Tournament Drive, Southwind Building B, Suite 186, Memphis, Tennessee 38125	
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
McAtee, W. Neal	
Business or Residence Address (Number and Street, City, State, Zip Code)	
8275 Tournament Drive, Southwind Building B, Suite 186, Memphis, Tennessee 38125	
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Salley, George M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401	
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Smith, G. Gregory Jr.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
300 East Wendover Avenue, Suite 201, Greensboro, North Carolina 27401	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

	14				**************************************	SPORMANI	(0N A)(0)	T (OFFICE)	NG				
1.	Hac the	issuer sole	d, or does th	he iccuer i	ntend to se	II to non-a	ccredited i	nvestors in	this offer	ina?		Yes	No IVI
	mus the	133401 301	a, or does n							-	••••••••		×
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							\$ 1,0	00,000*				
							-		* Subje	ct to waiv	er.	Yes	No
3.			permit join									X	
4.	commis If a pers or states	sion or sim on to be lis s, list the n	tion request allar remune sted is an ass ame of the b , you may s	ration for s sociated pe broker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of see I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Cip Code)				···		
Nai	me of As	sociated Bi	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			-		···	
	(Check	"All State:	s" or check	indivídual	States)		****************	***********		***************************************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	: Address (î	Number an	d Street, C	City, State, I	Zip Code)						
Nar	ne of Ass	sociated Br	roker or De	aler					·				
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)		****************		•••••••	****************		☐ Al	l States
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Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nat	ne of Ass	sociated Br	roker or De	aler							· · · · · · · · · · · · · · · · · · ·		
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		-				
	(Check	"All State:	s" or check	individual	States)	******************				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

١,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
		Aggregate Offering Price	A	mount Sol	Already d
	Debt\$;	\$_		
	Equity\$				
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)		_ \$_		
	Partnership Interests	150,000,000	-)
	Other (Specify)\$		\$		
	Total		0 5		0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors O			regate Amount chases
			. ֆ_		0
	Non-accredited Investors		.) .		
	Total (for filings under Rule 504 only)		. \$_		
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	T 6	T	N -11	A
	Type of Offering	Type of Security	,	Sol	Amount d
	Rule 505	NA	\$		NA
	Regulation A	NA	\$		NA
	Rule 504		\$		NA
	Total	NA	\$		NA
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-		-
	Transfer Agent's Fees] \$_		
	Printing and Engraving Costs		}	1,00	0
	Legal Fees		} \$_	3,00	0
	Accounting Fees] \$_		
	Engineering Fees] \$_		
	Sales Commissions (specify finders' fees separately)] \$_		
	Other Expenses (identify) blue sky filing fees] \$_	3,00	10
	Total	_	7 ¢	7.00	10

TO SEE TO OFFERING PRICE NUMBERS OF INVESTIGATIONS LESS FOR AND USE OF PROCESSES FOR

	A TOTAL DE LE SERVICE OFFICIALISE PRICE EN UMBERIO PAINVESTICIAS DE AUBUSE CANDIDADE O	PR	ōœ	idde (*)		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS			\$ <u>14</u>	9,993,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used f each of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted group proceeds to the issuer set forth in response to Part C — Question 4.b above.	ıd				
			Di	ments to Officers, ectors, & filiates		ayments to Others
	Salaries and fees	[X]	\$	0*	□\$_	0
	Purchase of real estate	_			\$_	0
	Purchase, rental or leasing and installation of machinery	_				_
	and equipment	_		_	<u> \$ </u>	
	Construction or leasing of plant buildings and facilities	🔲	\$_		□\$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	r	£	0	┌┐\$_	0
	Repayment of indebtedness					0
	Working capital	_			☐ ¢	0
	Other (specify): purchase of portfolio securities		_			149,970,000
		ــا	Ψ		ΔJ Ψ <u></u> _	140,010,000
		🔲	\$	0	\$_	00
	Column Totals	🛛	\$_	23,000	X \$_	149,970,000
	Total Payments Listed (column totals added)			 \$1	49,99	3,000
	D. FEDERAL SIGNATURE				1 21	
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comrinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nissi	on,	upon writter		
Issi	uer (Print or Type) Signature (Da	ite	/	1	
	Red Rock Fund, L.P.		10	.14.04		
	me of Signer (Print or Type) Title of Signer (Print of Type)	`				
	G. Gregory Smith, Jr. Managing Member of General Parti	ner				
	* The general partner and its assignees will receive a quarterly cash fee in an amoun	t eat	ual 1	o .375%		
	aggregate of partner capital account balances and a yearly incentive profit allocation				0%	
	of net profits subject to a high water mark. The Issuer will also reimburse the gene					

- ATTENTION ----

affiliates for approximately \$30,000 of organizational and initial offering expenses.

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)